

ISSUE SLIP STAPLE AREA (for additional cross-references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MR	6284	9/15/02
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) ...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim		Date
Final		
Original		
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26	✓	✓
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50	✓	✓

Claim	Date
Final	
Original	1/5/15
51	3/1/15
52	3/1/15
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Claim		Date	
Final Original			
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If more than 150 claims or 10 actions  
staple additional sheet here

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